


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90063 030 ***138.75

| | | |
|--|--|---|
| DOCUMENT # L07000088108 | |  |
| 1. Entity Name SURF SIDE FAMILY PRACTICE, LLC | | |

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|---|---|
| Principal Place of Business 3000 N. ATLANTIC AVENUE SUITE 108 COCOA BEACH, FL 32931 US | Mailing Address 3000 N. ATLANTIC AVENUE SUITE 108 COCOA BEACH, FL 32931 US |
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|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

60040537



01242008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-5959098 | Applied For Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent BISCONTINI, SERENA L 3000 N. ATLANTIC AVENUE SUITE 108 COCOA BEACH, FL 32931 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

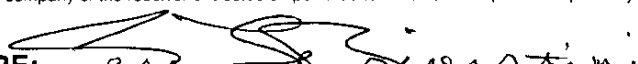
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

| | | |
|-----------|--|------|
| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BISCONTINI, SERENA L 3000 N. ATLANTIC AVENUE, STE 108 COCOA BEACH, FL 32937 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR H. Allan Earle 3000 N. Atlantic Ave, Ste 108 Cocoa Beach, FL 32931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Jean Marie Biscontini 3000 N. Atlantic Ave. Ste 108 Cocoa Beach, FL 32931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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|---|---------|-----------------|
| SIGNATURE:  | 4.21.08 | 321.999.2554 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |